

N.J.R.C. USE ONLY

LIC. NO. YR LOC NUMBER
RCPT. NO. YR LOC NUMBER
RCPT. DATE OPER
ID NO.

LICENSE FORM I
NEW JERSEY RACING COMMISSION
P.O. BOX 088
TRENTON, N.J. 08625-0088
609 984-1554

( ) ORIGINAL ( ) RENEWAL
( ) HARNESS ( ) THOROUGHBRED

N.J.R.C. USE ONLY

LOC. OPER
DATE
RCPT NO.
CASH \$
CHECK \$
MO \$

ARE YOU A MEMBER OF THE U.S.T.A? ( ) YES ( ) NO
U.S.T.A. NO.

CHECK APPROPRIATE CATEGORIES

- 1. ( ) Owner \$50 5. ( ) Driver/Trainer \$50 10. ( ) C.I.D. \$10 14. ( ) Valet \$20
31. ( ) Owner \$150/3 yr license 6. ( ) Jockey \$50 Dept.
2. ( ) Trainer \$50 7. ( ) Jockey Apprentice \$30 16. ( ) Vendor \$50 15. ( ) Plater \$20
3. ( ) Asst. Trainer \$30 8. ( ) Jockey Agent \$50 11. ( ) C.I.D. - Vendor \$10 23. ( ) NJRC Veterinarian
4. ( ) Driver \$50 9. ( ) Stable Employee \$5 Employer 25. ( ) NJRC C.I.D.
12. ( ) Pari Mutuel \$25 27. ( ) NJRC Official
13. ( ) Veterinarian \$50 40. ( ) Exercise Rider

Circle U.S.T.A. Driver Type: A, AM, L, M, P, Q, V (Expiration Date)

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

In making this application for license or to otherwise participate in racing in the State of New Jersey. It is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

FBI FINGERPRINT DISCLOSURE

As part of the above referenced investigation, NJRC may require that you submit a completed federal fingerprint card, which it will use to check the criminal history records of the federal bureau of investigations (FBI). Before making any determination regarding suitability for licensing, you will be provided an opportunity, within a reasonable time period, to complete or the challenge the accuracy of any information obtained in the fbi record. Procedures for correcting or updating FBI identification records are set forth in Title 28, C.F.R., sec. 16.34.

Fair Credit Reporting Act

Public Law No. 91-508

APPLICATION MUST BE TYPED OR PRINTED IN INK!

All Questions Must Be Answered

SSN/TIN/CSSN \*
(Social Security Number, Tax ID, Canadian)

NICKNAME:

Full Name (Last) (First) (Middle) (Sr,Jr,etc) (Maiden name)

Permanent Address (Street) (City) (State) (Zip) Birthdate Mo. Day Yr.

Home Tel. No. ( ) Height Weight

Place of birth (City) (State) Eyes Hair

Present Address (Street) (City) (State) (Zip) Sex: M / F Comp.

Person to be notified in case of emergency: Telephone: ( )

Citizen of United States? ( ) Yes ( ) No Citizen of Immigration I.D. No.

Scars, marks, glasses, etc.

- 1. In what state and year were you first granted a license? state year
( ) yes ( ) no
2. Have you been licensed previously in New Jersey? year
( ) yes ( ) no
3. Are you licensed in another state? Where? state , , , , ,
( ) yes ( ) no
4. Have you ever been denied a license? Where & When? state year
state year , state year , state year
( ) yes ( ) no
5. Have you ever been fined \$100 or more, ruled off, suspended or otherwise debarred by any recognized turf authority in the U.S. or elsewhere?
If so give particulars. (Use additional page if necessary)
( ) yes ( ) no
6. Have you ever owned or operated a handbook or a bookmaking establishment or been connected with bookmakers? If
so give particulars. (use additional page, if necessary)
( ) yes ( ) no
7. Has an indictment or information been returned, or complaint made against you by the U.S. or any state, charging sale, use
or possession of narcotics? If so give particulars.
( ) yes ( ) no
8. Have you ever been arrested or has a summons pertaining to a criminal complaint ever been filed against you?
( ) yes ( ) no
9. Have you ever been convicted of a crime?

If you answered yes to questions #8 and/or #9 please give the following information for each arrest:

Table with 4 columns: DATE, JURISDICTION, CHARGE, DISPOSITION

FOR EACH CONVICTION DESCRIBED ABOVE, A CERTIFIED COPY OF THE COURT COMPLAINT, INCLUDING INDICTMENT AND/OR CERTIFIED COPY OF THE DISPOSITION MUST BE ATTACHED TO THE APPLICATION. IF PAPERS ARE NOT ATTACHED, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.

ALL APPLICANTS MUST COMPLETE APPROPRIATE SECTION(S) FOR CATEGORY(S) OF LICENSE(S) DESIRED:

Section A 1. ( ) OWNER

31. ( ) OWNER - THREE YEAR

The Laws of New Jersey require you to carry Workers Compensation Insurance for horse racing industry employees. Such Insurance is automatically provided by the Horse Racing Injury Compensation Board for horse racing purposes only. Owners will be assessed the cost of this insurance pursuant to N.J.A.C. 13:73-1.1 et.seq.

What is your occupation/position? \_\_\_\_\_

Employer's Name \_\_\_\_\_ Bus. Tel. No. ( ) \_\_\_\_\_

Employer's Address \_\_\_\_\_ (Street) \_\_\_\_\_ Employer's type of business: \_\_\_\_\_  
(City) (State) (Zip)

Name of your Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_ (street) \_\_\_\_\_  
(City) (State) (Zip)

How long have you owned race horses? \_\_\_\_\_ years Is this your first Owner's License in New Jersey? ( ) no ( ) yes

How is Ownership to listed on program? \_\_\_\_\_

Who is your trainer? \_\_\_\_\_ (Last) (First) (Middle) (Sr., Jr., etc.)

(Space for other) \_\_\_\_\_

List all horses owned or leased by you, wholly or in part. Specify lease (L) or purchase (P) in appropriate space. A copy of lease agreement(s) must be attached to the application. (Use additional page, if necessary)

HORSE'S NAME	NAME & ADDRESS OF LESSOR OF THE HORSE OR FROM WHOM PURCHASED	L/P
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Do you have any agreement for the distribution of any horse's winnings with someone other than those listed above? ( ) yes ( ) no  
If so give name and address of person(s). \_\_\_\_\_

If racing under any form of corporate or multiple ownership, indicate all racing interest or entities in which you have any interest. Stable or Other Racing Entity	% of Interest
1. _____	_____
2. _____	_____

If applicant is married, please furnish the following information concerning your spouse:

Full Name \_\_\_\_\_ (Last) (First) (Middle) (Sr., Jr., etc) (Maiden name)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN/CSSN \_\_\_\_\_ \* Spouse's Occupation: \_\_\_\_\_

Employer's address \_\_\_\_\_ (Street) \_\_\_\_\_  
(City) (State) (Zip)

Employer's Tel. No. ( ) \_\_\_\_\_ Employer's Business: \_\_\_\_\_

To the best of your knowledge, has your spouse ever been convicted:

- ( ) yes ( ) no (a) of a crime?
- ( ) yes ( ) no (b) bookmaking?
- ( ) yes ( ) no (c) use, sale or possession of narcotics?
- ( ) yes ( ) no (d) Has your spouse ever been ruled off or suspended from a racing jurisdiction?

If you answered yes to any of the above please give particulars below. (Use additional page if necessary)

DATE	JURISDICTION	CHARGE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section B (THOROUGHBRED ONLY) 2. ( ) TRAINER 3. ( ) ASS'T TRAINER**

The Laws of the State of New Jersey mandates that all trainers except those who otherwise would be considered an employee of the owner pursuant to N.J.S.A. 34:15-129 et. seq. Must purchase and maintain Workers Compensation Insurance coverage for their employees, see P.L. 1999, c.378; N.J.S.A. 34:15-129 et.seq.

Have you read and are you familiar with the Rules in New Jersey? ( ) yes ( ) no  
How many horses are in your charge? \_\_\_\_\_

List below all persons holding any interest in horses in your charge, include your name if you own any interest. (Use additional page, if necessary)

Name	Street	City/State/Zip	Occupation

IF YOU ACCEPT HORSES FROM ANY OTHER OWNER WHILE YOU ARE RACING IN NEW JERSEY DURING THE TERM OF THIS LICENSE. A COMPLETE LIST THEREOF MUST BE FILED IMMEDIATELY WITH THE RACING COMMISSION. FAILURE TO DO THIS MAY RESULT IN THE REVOCATION OR SUSPENSION OF YOUR LICENSE.

List three trainers as references:

Name	Street	City	State	Zip

Where and when were you first granted a Trainer's license? State \_\_\_\_\_ year \_\_\_\_\_

Where and when were you first granted an Ass't Trainer's license? State \_\_\_\_\_ year \_\_\_\_\_

Are you licensed as a Trainer now? ( ) yes ( ) no Where? State \_\_\_\_\_

Are licensed as an Ass't Trainer now? ( ) yes ( ) no Where? State \_\_\_\_\_

Assistant to \_\_\_\_\_  
(Verified by Trainer)

**Section C (HARNESS ONLY) 2. ( ) TRAINER 4. ( ) DRIVER 5. ( ) DRIVER/TRAINER**

The Laws of the State of New Jersey mandates that all trainers except those who otherwise would be considered an employee of the owner pursuant to N.J.S.A. 34:15 et. seq. Must purchase and maintain Workers Compensation Insurance coverage for their employees, see P.L. 1999, c.378; N.J.S.A. 34:15-1 et.seq.

Have you read and are you familiar with the Rules of Racing in New Jersey? ( ) yes ( ) no  
How many horses are in your charge? \_\_\_\_\_

List below all persons holding any interest in horses in your charge, include your name if you own any interest. (Use additional page, if necessary)

Name	Street	City/State/Zip	Occupation

IF YOU ACCEPT HORSES FROM ANY OTHER OWNER WHILE YOU ARE RACING IN NEW JERSEY DURING THE TERM OF THIS LICENSE. A COMPLETE LIST THEREOF MUST BE FILED IMMEDIATELY WITH THE RACING COMMISSION. FAILURE TO DO THIS MAY RESULT IN THE REVOCATION OR SUSPENSION OF YOUR LICENSE.

List three trainers as references:

Name	Street	City	State	Zip

If this is your initial application for a Trainer's license, What was your previous occupation?

Where and when were you first granted a Trainer's license? State \_\_\_\_\_ year \_\_\_\_\_

How long have you held a Trainer's license? years \_\_\_\_\_

Are you licensed as a Trainer now? ( ) yes ( ) no Where? state \_\_\_\_\_

**Section D (THOROUGHBRED ONLY) 6. ( ) JOCKEY 7. ( ) JOCKEY APPRENTICE 8. ( ) JOCKEY AGENT**

If applying for a (JOCKEY LICENSE) please complete the following:

By whom are you employed?

1<sup>st</sup> Call \_\_\_\_\_

2<sup>nd</sup> Call \_\_\_\_\_

If applying for a (JOCKEY APPRENTICE LICENSE) please complete the following:

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Contract Employer Name \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(Signature of Contract Employer)

(City)

(State)

(Zip)

Date and place of first winning mount \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place \_\_\_\_\_

If applying for a (JOCKEY AGENT) please complete the following:

Jockey \_\_\_\_\_ Employed by \_\_\_\_\_

Jockey /Apprentice \_\_\_\_\_ Employed by \_\_\_\_\_

**Section E 9. ( ) STABLE EMPLOYEE**

List Name of Trainer \_\_\_\_\_

List Name & Address of present and previous employers for the past three years.

Name	Street	City/State/Zip	Dates of Employment

**Section F 10. ( ) C.I.D. 11. ( ) C.I.D-VENDOR 12. ( ) PARI-MUTUEL 13. ( ) VETERINARIAN 14. ( ) VALET ( ) N.J.R.C.**

List Dept. or Employer: \_\_\_\_\_ Position \_\_\_\_\_

List Name & Address of present and previous employers for the past three years.

Name	Street	City/State/Zip	Dates of Employment

**ALL PERSONS APPLYING FOR A PARI-MUTUEL EMPLOYEE LICENSE MUST ANSWER THE FOLLOWING QUESTIONS:**

Have you incurred any outstanding indebtedness to any permit holder conducting race meetings in the State of New Jersey? ( ) no ( ) yes

If yes, state the exact amount of said indebtedness. \$ \_\_\_\_\_

Any person answering the preceding two (2) questions in the affirmative shall be required as a condition precedent to licensure to provide the commission with documentation from the mutuel manager for the permit holder indication said indebtedness has been or is being adjusted to the satisfaction of the permit holder.

\_\_\_\_\_  
(Dept. Head Approval)

**Section G. 15. ( ) PLATER 16. ( ) VENDOR**

If applying for a (PLATER LICENSE) please complete the following:

List Name & Address of present and previous employers for the past three years.

Name	Street	City/State/Zip	Dates of Employment

If applying for a (VENDOR LICENSE) please complete the following:

Type of Business: ( ) Sole Proprietorship ( ) Partnership ( ) Corporation

List the name of your business \_\_\_\_\_

List your business address \_\_\_\_\_

List the nature of your business \_\_\_\_\_ Business Tel. No. ( ) \_\_\_\_\_

List name and addresses of officers: (use additional page, if necessary)

1. Name \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Name of your Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_ APPROVAL BY ASSOCIATION TO OPERATE AT TRACK:

\_\_\_\_\_  
 (City) (State) (Zip) (Signature)

**ALL APPLICANTS MUST COMPLETE APPROPRIATE SECTION(S) FOR CATEGORY(S) OF LICENSE(S) DESIRED!**

**ALL APPLICANTS MUST SIGN THIS SECTION**

ANY PERSON MAKING A FALSE, MISLEADING OR INCOMPLETE STATEMENT ON AN APPLICATION FOR LICENSE OR REGISTRATION OR IN A WRITTEN OR ORAL EXAMINATION IN CONNECTION WITH SUCH AN APPLICATION MAY BE DISCIPLINED AS PROVIDED FOR IN THE RULES AND REGULATIONS OF THE NEW JERSEY RACING COMMISSION.

I hereby certify that I am not under suspension or in bad standing with any recognized turf body and that I have read the foregoing application and know the contents thereof, and that every statement contained herein is true and correctly set forth.

Steward's Recommendation:

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

THE ISSUANCE OF A LICENSE BY THE NEW JERSEY RACING COMMISSION DOES NOT NECESSARILY ENTITLE THE HOLDER TO ANY RIGHTS OR PRIVILEGES AT THE PREMISES OF ANY LICENSED TRACK.

**\*VOLUNTARY PROVISION OF SOCIAL SECURITY NUMBERS IS REQUESTED (NJAC 70-4.22 AND 71-7.37) AND WILL BE USED AS A SECONDARY IDENTIFIER FOR CREDIT, BACKGROUND AND OTHER SUCH INVESTIGATIONS.**